

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
1011-2-1

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	1	45160	52400	50000		

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS	1	45160	52400	50000				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS